

FOR STATE BAR OF CALIFORNIA USE ONLY DATE STAMP HERE

Single Activity Provider Approval Application for Minimum Continuing Legal Education

- You MUST submit this form if your activity is held inside California, transmitted to California by any means, offered for downloading or viewing on the internet, or offered in any other format, whether for sale or for free, within California.
- You do NOT need to submit this form if your activity is held outside of California AND California attorneys are outside of California while participating AND your activity has received MCLE approval (including any subfield credit) by an "Approved Jurisdiction" AND the activity meets our MCLE standards (see MCLE Rule 3.601). California attorneys may be issued an Approved Jurisdiction's credit on a "Uniform Certificate of Attendance for MCLE" form. A list of Approved Jurisdictions may be found at http://mcle.calbar.ca.gov/Attorneys/EducationOptions/ApprovedJurisdictions.aspx.

PROVIDER CONTACT INFORMAT	ION		
Provider Name:			
Provider Address:			
City:	State:	Zip:	
Contact Name:			
Contact Email:			
Provider Phone:	Provider Fax:		
ACTIVITY INFORMATION			
Activity Name:			
Activity Date(s):	Activity Location (city, state):	
If retroactive approval is sought,	total number of attendees	, including lawye	rs attending
Activity Format (check one or bo	th): 🗌 Participatory	☐ Self-Study	
Delivery Method (if participatory	:	☐ Conference Call	☐ Interactive CD/Vide
	Other (indicate method)		
Total minutes of instruction (minus breaks and meals) =, then divide by 60 and round to hour = hours <u>including</u> the following subfield credits:			
hours of			
hours of	E <i>limination of Bias,</i> and		
hours of	Substance Abuse/Mental Illnes	SS.	
Provide a short summary of the (If you need more space than the three I	content of the activity and how ines below, please attach a separate	r it relates to MCLE Propiece of paper.)	vider Rule 3.601:

Provider Name:	
	to support any credit hours claimed for Legal Ethics or Elimination of Bias; if seeking Legal specific ethics rule(s) being referenced:
Method of Evaluation:	☐ California MCLE Evaluation Form (participant critique)☐ Independent Evaluation (please attach a sample)
Submission Checklist	
Please indicate, by placin application or have been	g a check mark in the box next to the item, that the following are included in this
	made payable to the "State Bar of California"
	nedule/agenda, including list of topics with descriptions, for the activity
• •	eaker biographies for the activity
☐ If seeking n	nore than one hour of credit, please include a copy of written materials (substantive
	re required for activities of more than 1 hour)
<u> </u>	retroactive approval for an activity already presented, please include copies of the
•	I materials used for that activity
	CLE Activity credit hours correspond to times on agenda
Application	is dated and has an original signature (section below)
of the Rules of the State with the agreements and	nat its approved activity status may be revoked for non-compliance with Title 3, Division 5 Bar of California (MCLE Provider Rules) and amendments thereto, or for failure to comply certifications contained in this form. Provider agrees to comply with all other rules Continuing Legal Education that are promulgated by the State Bar of California.
become effective on the c	oes not constitute MCLE approval for your educational activity. If granted, approval will late set forth in the notification of approval. Please allow up to 6 weeks for your d and a determination made as to whether MCLE credit will be allowed.
I declare, under penalty o to it are true and correct.	f perjury, under the laws of the State of California, that the foregoing and any attachments
Signature:	Date:
Print Name	Title [.]